

SECTION I**Introduction to the Summary of Benefits for
UA Medicare Group Part D Prescription Drug Coverage (PDP)
January 1, 2015 - December 31, 2015**

You are enrolled in UA Medicare Group Part D Prescription Drug Coverage (PDP). Our plan is offered by UNITED AMERICAN INSURANCE COMPANY, a Medicare Prescription Drug Plan that contracts with the Federal government. This Summary of Benefits tells you some features of our plan. It doesn't list every drug we cover, every limitation, or exclusion. To get a complete list of our benefits, please call UA Medicare Group Part D Prescription Drug Coverage (PDP) and ask for the "Evidence of Coverage".

MEDICARE PRESCRIPTION DRUG COVERAGE CHOICES

Your employer/union has selected this plan to sponsor for its retirees. As a Medicare beneficiary, you can choose from different Medicare prescription drug coverage options. Before you make any choices, talk with your employer/union benefits administrator because making other choices may impact your benefits that they offer. Options outside of your employer/union sponsored plan can include a Medicare Prescription Drug Plan or a Medicare Advantage (MA) Plan that offers prescription drug coverage.

HOW CAN I COMPARE MY OPTIONS?

The charts in this booklet list some important drug benefits. You can use this Summary of Benefits to compare the benefits offered by UA Medicare Group Part D Prescription Drug Coverage (PDP) to the benefits offered by other Medicare Prescription Drug Plans or Medicare Advantage Plans with prescription drug coverage.

WHERE IS UA MEDICARE GROUP PART D PRESCRIPTION DRUG COVERAGE (PDP) AVAILABLE?

The service area for this plan includes: All states of the United States plus Washington DC.

WHO IS ELIGIBLE TO JOIN?

You can join this plan if you are entitled to Medicare Part A and/or enrolled in Medicare Part B and are an eligible member of the employer/union group sponsor ("Group").

If you are enrolled in an MA coordinated care (HMO or PPO) plan or an MA PFFS plan that includes Medicare prescription drugs, your group may not enroll you in a PDP unless you are disenrolled from the HMO, PPO or MA PFFS plan.

Enrollees in a private fee-for-service plan (PFFS) that does not provide Medicare prescription drug coverage, or an MA Medical Savings Account (MSA) plan may be enrolled in a PDP. Enrollees in an 1876 Cost plan may be enrolled in a PDP.

WHERE CAN I GET MY PRESCRIPTIONS?

UA Medicare Group Part D Prescription Drug Coverage (PDP) has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We might not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases.

The pharmacies in our network can change at any time. You can ask for a Pharmacy Directory or visit us at <http://www.uagrouppartd.com>. Our Customer Service number is listed at the end of this introduction.

WHAT IF MY DOCTOR PRESCRIBES LESS THAN A ONE MONTH'S SUPPLY?

In consultation with your doctor or pharmacist, you may receive less than a month's supply of certain drugs. Also, if you live in a long-term care facility, you will receive less than a month's supply of certain brand [and generic] drugs. Dispensing fewer drugs at a time can help reduce cost and waste in the Medicare Part D program, when this is medically appropriate.

The amount you pay in these circumstances will depend on whether you are responsible for paying coinsurance (a percentage of the cost of the drug) or a copay (a flat dollar amount for the drug). If you are responsible for coinsurance for the drug, you will continue to pay the applicable percentage of the drug cost. If you are responsible for a copay for the drug, a "daily cost-sharing rate" will be applied. If your doctor decides to continue the drug after a trial period, you should not pay more for a month's supply than you otherwise would have paid. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

UA Medicare Group Part D Prescription Drug Coverage (PDP) does not cover drugs that are covered under Medicare Part B as prescribed and dispensed. Generally, we only cover drugs, vaccines, biological products and medical supplies associated with the delivery of insulin that are covered under the Medicare Prescription Drug Benefit (Part D) and that are on our formulary.

WHAT IS A PRESCRIPTION DRUG FORMULARY?

UA Medicare Group Part D Prescription Drug Coverage (PDP) uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected members before the change is made. We will send a formulary to you and you can see our complete formulary on our Website at <http://www.uagrouppartd.com>. If your Medicare Part D plan design includes a deductible and/or requires you to meet a true out-of-pocket limit before catastrophic coverage begins, then the drug must be included under the Plan formulary and be purchased at a network pharmacy.

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

WHAT SHOULD I DO IF I HAVE OTHER INSURANCE IN ADDITION TO MEDICARE?

If you have a Medigap (Medicare Supplement Insurance) policy that includes prescription drug coverage, you must contact your Medigap Issuer to let them know that you have joined a Medicare Prescription Drug Plan. If you decide to keep your current Medigap policy, your Medigap Issuer will remove the prescription drug coverage portion from your Medigap policy. Call your Medigap Issuer for details.

If you or your spouse has other employer group coverage, contact the employer benefits administrator. They can help determine how your other coverage will work with our plan. In some circumstances, your other group coverage may pay first and our plan will be secondary.

HOW CAN I GET EXTRA HELP WITH MY PRESCRIPTION DRUG PLAN COSTS OR GET EXTRA HELP WITH OTHER MEDICARE COSTS?

You may be able to get extra help to pay for your prescription drug premiums and costs as well as get help with other Medicare costs. To see if you qualify for getting extra help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY/TDD users should call 1-877-486-2048, 24 hours a day/7 days a week and see <http://www.medicare.gov> 'Programs for People with Limited Income and Resources' in the publication *Medicare & You*.
- The Social Security Administration at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY/TDD users should call 1-800-325-0778; or
- Your State Medicaid Office.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Prescription Drug Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost sharing may change from calendar year to calendar year. Each year, plans can decide whether to continue to participate with the Medicare Prescription Drug Plan Program. A plan may continue in their entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Prescription Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of UA Medicare Group Part D Prescription Drug Coverage (PDP), you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.

WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact UA Medicare Group Part D Prescription Drug Coverage (PDP) for more details.

HOW TO CONTACT US

Please call United American Insurance Company Customer Service for more information about UA Medicare Group Part D Prescription Drug Coverage (PDP).

Visit us at <http://www.uagrouppartd.com> or call us: Customer Service Hours Weekdays: 8:00am - 8:00pm in your local time zone. **Current and prospective members should call toll-free 1-866-524-4199.** (TTY/TDD 1-866-524-4170)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit <http://www.medicare.gov> on the web.

This document may be available in other formats such as Braille, large print or other alternate formats. This document may be available in a non-English language. For additional information, call Customer Service at the phone number listed above.

Este documento puede ser disponible en otros idiomas distintos del inglés. Para información adicional, llame a servicio al cliente al número de teléfono mencionado arriba.

SECTION II: Summary of Benefits

PRESCRIPTION DRUG BENEFITS:

Outpatient Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	
UA Medicare Group Part D Prescription Drug Coverage (PDP)	Drugs covered under Medicare Part D. This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at http://www.uagrouppartd.com on the web.	
-General:	<p>Different out-of-pocket costs may apply for people who</p> <ul style="list-style-type: none"> - have limited incomes, - live in long term care facilities, or - have access to Indian/Tribal/Urban (Indian Health Service) providers. 	
	Your Medicare Prescription Drug Coverage is being made available to you through your employer/union group benefits administrator. Your employer/union benefits administrator determines how your plan premium is paid. If you have questions about your plan premium, please contact your employer/union benefits administrator.	
	Most people enrolled in an employer/union plan will incur the standard monthly Part D premium determined for their group. However, some people will also pay a separate premium directly to Medicare out of their Social Security Benefit. This separate premium will be calculated by Medicare based on their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part D premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call the Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778.	
	The plan offers national in-network prescription coverage (i.e., this would include 50 states of the United States and Washington DC). This means that you will pay the same cost sharing amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).	
	Total yearly drug costs are the total drug costs paid by both you and a Part D plan.	
	The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.	
	Some drugs have quantity limits.	
	Your provider must get prior authorization from UA Medicare Group Part D Prescription Drug Coverage (PDP) for certain drugs.	
	You must go to certain pharmacies for a very limited number of drugs, due to special handling, provider coordination, or patient education requirements that cannot be met by most pharmacies in your network. These drugs are listed on the plan's website, formulary, and printed materials.	
	If the actual cost of a drug is less than the normal cost-sharing amount for that drug, you will pay the actual cost, not the higher cost-sharing amount.	
	If you request a formulary exception for a drug and UA Medicare Group Part D Prescription Drug Coverage (PDP) approves the exception, you will pay Tier 4: Non-Preferred Brand cost-sharing for that drug.	
BENEFIT CATEGORY	UA MEDICARE GROUP PART D PLAN 405 (PNB)	
Deductible	\$0	
Initial Coverage	After you pay your yearly deductible, if any, you pay the following cost sharing until total yearly drug costs reach \$2,960.	
Coverage Gap	After your yearly drug costs reach \$2,960, you will receive the same coverage and you will continue to pay the amounts shown in the chart below until your yearly out-of-pocket drug costs reach \$4,700.	
Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$4,700, you pay the greater of: 5% coinsurance or a \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs. However, you will pay no more than you did in the Initial Coverage Stage.	
In-Network Retail Pharmacy	Cost for a one-month (30-day) supply	Cost for a three-month (90-day) supply
	Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed. You can get drugs the following way(s):	
Tier 1	\$0 copay	\$0 copay
Tier 2	\$5 copay	\$15 copay
Tier 3	\$20 copay	\$60 copay
Tier 4	\$40 copay	\$120 copay
Tier 5	\$40 copay	\$120 copay

Long Term Care Pharmacy	Cost for a one-month (30-day) supply	Cost for a three-month (90-day) supply
	Long term care pharmacies must dispense brand name drugs in amounts less than a 14 days supply at a time. They must also dispense less than a month's supply of generic drugs at a time. Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed. You can get drugs the following way(s):	
Tier 1	\$0 copay	\$0 copay
Tier 2	\$5 copay	\$15 copay
Tier 3	\$20 copay	\$60 copay
Tier 4	\$40 copay	\$120 copay
Tier 5	\$40 copay	\$120 copay
Mail Order	Cost for a three-month (90-day) supply	
	Contact your plan if you have questions about cost-sharing when less than a one-month supply is dispensed. You can get drugs the following way(s):	
Tier 1	\$0 copay	
Tier 2	\$10 copay	
Tier 3	\$40 copay	
Tier 4	\$80 copay	
Tier 5	\$80 copay	
Out-of-Network	Cost for a one-month (30-day) supply	
Out-of-Network Initial Coverage	After you pay your yearly deductible, if any, you will be reimbursed up to the plan's cost of the drug minus the following for drugs purchased out-of-network until your total yearly drug costs reach \$2,960. You can get drugs the following way(s):	
Tier 1	\$0 copay	
Tier 2	\$5 copay	
Tier 3	\$20 copay	
Tier 4	\$40 copay	
Tier 5	\$40 copay	
Out-of-Network	Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may have to pay more than your normal cost-sharing amount if you get your drugs at an out-of-network pharmacy. In addition, you will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement from UA Medicare Group Part D Prescription Drug Coverage (PDP).	
Out-of-Network Coverage Gap	You will be reimbursed up to the plan allowable cost of the drug minus the above copays for the drugs purchased out-of-network until your total yearly out-of-pocket drug costs reach \$4,700. Please note that the plan allowable cost may be less than the out-of-network pharmacy price paid for your drug(s).	
Out-of-Network Catastrophic Coverage	After your yearly out-of-pocket drug costs reach \$4,700, you will be reimbursed for drugs purchased out-of-network up to the plan's cost of the drug minus your cost share, which is the greater of: 5% coinsurance, or \$2.65 copay for generic (including brand drugs treated as generic) and a \$6.60 copay for all other drugs.	
Other Coverage	Your cost sharing shown in this Summary of Benefits is net of benefits provided under a Group Drug Policy issued to your employer/ union group which supplements this Medicare Part D plan.	

Plan 405 PNB

IMPORTANT INFORMATION REGARDING YOUR RIGHTS UNDER ERISA

The Employee Retirement Income Security Act of 1974 (ERISA) protects the interest of participants and their beneficiaries who depend on benefits from private employer benefit plans. ERISA sets standards for administering these plans, including a requirement that financial and other information be disclosed to plan participants and beneficiaries and requirements for the processing of claims for benefits under the plans.

If you are one of the millions of participants and beneficiaries in employee benefit plans that fall under the Act's protection, you have certain rights if your claim for benefits is denied. Your plan must give you the reason for denial in writing and in a manner you can understand. The steps you may take to request a fair and full review of any denial will be explained in the "Evidence of Coverage" in your Enrollment Packet.

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